

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TWIN RIVERS ASSISTED LIVING (0010419)

Address: 881 COLLINS RD, JEFFERSON, WI 53549

License Status: REGULAR

Licensed/Certified/Registered 09/01/2004

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096925 **End Date:** 05/09/2006 **Type:** STANDARD **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008368 Served 05/22/2006

Deficiencies Cited

83.21(4)(w)

83.32(3)

83.33(2)

Subject Area

SAFE ENVIRONMENT

SIGNING ASSESSMENT AND ISP

GENERAL SERVICES

Compliance
Verified

Corrected

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Provider Inspection Summary

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Community Based Residential Facility
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Survey ID: 0094312 End Date: 03/09/2005 Type: STANDARD Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008134 Served 03/24/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(2)(a)5	CLIENT GROUP TO BE SERVED	05/09/2006	Yes
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	05/09/2006	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	05/09/2006	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	05/09/2006	Yes
83.21(4)(g)	FAIR TREATMENT		
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.21(4)(q)	CHOICE OF PROVIDERS	05/09/2006	Yes
83.21(4)(w)	SAFE ENVIRONMENT		
83.32(2)(d)	REVIEW OF PROGRESS	05/09/2006	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP		
83.32(4)(b)	RESPIRE ISP DEVELOPED WITHIN 48 HOURS	05/09/2006	Yes
83.33(2)	GENERAL SERVICES		

Survey ID: 0093182 End Date: 08/04/2004 Type: INITIAL Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008032 Served 08/25/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	03/09/2005	Yes
83.16(1)	ADMISSIONS AGREEMENT	03/09/2005	Yes
83.16(2)	RESPIRE CARE RESIDENTS	03/09/2005	Yes
83.32(1)(a)	ASSESSMENT AND ISP	03/09/2005	Yes

Survey ID: 0092069 End Date: 02/26/2004 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 05/12/2006 SOD #10008368 Appealed: No

Sanctions

SUBMIT POC (SOD APPEAL ONLY)
FORFEITURE---83.32(3)
FORFEITURE---83.33(2)

Date: 03/21/2005 SOD #10008134 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.07(2)(a)5
FORFEITURE---83.14(1)(a)3
FORFEITURE---83.14(2)
FORFEITURE---83.19(1)(d)
FORFEITURE---83.21(4)(b)
FORFEITURE---83.21(4)(g)
FORFEITURE---83.21(4)(q)
FORFEITURE---83.21(4)(w)
FORFEITURE---83.32(2)(d)
FORFEITURE---83.32(4)(b)
FORFEITURE---83.33(2)

Date: 08/20/2004 SOD #10008032 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.14(1)(d)

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Provider Inspection Summary

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Complaint History

Date Complaint Received: 04/26/2006

Date Investigation Completed: 05/09/2006

Subject Area(s)

STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

10008368
10008368

Date Complaint Received: 02/07/2005

Date Investigation Completed: 03/09/2005

Subject Area(s)

ABUSE
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10008134

Date Complaint Received: 02/03/2005

Date Investigation Completed: 03/09/2005

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

10008134

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